

Shipping Insurance: Request for MarshCargo User ID and Password

This form is to be completed by departments that require insurance coverage on newly purchased or owned equipment while it is in transit.

Please complete this form and either fax it to (212) 854-9709 or e-mail it to: RiskManagementRequest@columbia.edu . Within two (2) business days of the receipt of a fully completed form, the Transit Coordinator listed in the form will receive an e-mail from Risk Management containing a MarshCargo User ID and Password. A User ID and Password will **not** be issued without a department number.

Transit Coordinator Information

Name:

Telephone:

Columbia E-Mail:

Department Name:

Department Number:

Additional Information (if necessary):